

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

10830096

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
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14		1				
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18	1					
19		1				
20		1				
21		1				
22		1				
23		1				
24		1				
25	1					
26		1				
27		2				
28		0				
29		0				
30		0				
31		0				
32		0				
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50						
TOTAL IND.	3					
TOTAL DEP.	32					
TOTAL CLAIMS	35					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						